



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 63.00

## Complete if Known

Application Number	09/825618-Conf. #3283
Filing Date	April 3, 2001
First Named Inventor	Robert Ciaff
Examiner Name	R. Bradford
Art Unit	3762
Attorney Docket No.	FHW-076

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number

12-0080

Deposit Account Name

Lahive & Cockfield, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below		Fee Paid
Total Claims	31	-24** =	7	x	9.00	=	63.00
Independent Claims	5	-5** =		x		=	0.00
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 63.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

## SUBMITTED BY

Name (Print/Type) David R. Burns

Registration No. (Attorney/Agent)

46,590

(Complete (if applicable))

Telephone (617) 227-7400

Signature

David R. Burns

Date

November 3, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV354226955US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 3, 2003

Signature:

David R. Burns

(David R. Burns)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DB  
11-18  
#9/12

In re the application of: Robert Ciaff

Group Art Unit: 3762

Serial No.: 09/825,618

Examiner: Roderick D. Bradford

Filed: April 3, 2001

For: Apparatus for the Diagnosis and Therapy of  
Neuro-Muscular and Other Tissue Disorders

Attorney Docket No.: FHW-076

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

"Express Mail" Mailing Label Number EV354226955US

Date of Deposit November 3, 2003

I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

David R. Burns

Please Print Name of Person Signing

TECHNOLOGY CENTER R3700

NOV 14 2003

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PRELIMINARY AMENDMENT

Dear Sir:

Preliminary to examination of the above-referenced patent application, please amend the above-titled patent application as follows.

11/07/2003 WABDELRI 00000036 120080 09825618

01 FC:2202

63.00 DA



I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 354226955 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 3, 2003

Signature:

*David R. Burns*  
(David R. Burns)

Docket No.: FHW-076  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Robert Ciaff

Application No.: 09/825,618

Filed: April 3, 2001

Art Unit: 3762

For: Apparatus for the Diagnosis and Therapy of  
Neuro-Muscular and Other Tissue Disorders

Examiner: R. Bradford

**RESPONSE TO RESTRICTION REQUIREMENT  
AND ELECTION OF SPECIES REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed October 3, 2003 (Paper No.8), Applicants hereby provisionally elects Claim 3.

The Examiner also requested that the Applicants elect a species. Applicants hereby elect Embodiment 2, identified on page 3 of the Office Action, as "an apparatus for the manipulation of tissue".

Applicants' election is made without prejudice. As noted by the Examiner, upon the allowance of a generic claim, Applicants will be entitled to consideration of claims to not more than two species in addition to the elected species, provided that all claims to each additional species are written in dependent form or otherwise include all the limitations of an allowed generic claim as provided by 37 CFR 1.146.

An action on the merits of all the claims and a Notice of Allowance thereof are respectfully requested.

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Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 12-0080, under Order No. FHW-076 from which the undersigned is authorized to draw.

Dated: November 3, 2003

Respectfully submitted,

By David R. Burns  
David R. Burns  
Registration No.: 46,590  
LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400  
(617) 742-4214 (Fax)  
Attorney/Agent For Applicant



11-05-03

3762/\$

# AMENDMENT TRANSMITTAL LETTER

Docket No.  
FHW-076

Application No.  
09/825618-Conf. #3283

Filing Date  
April 3, 2001

Examiner  
R. Bradford

Art Unit  
3762

Applicant(s): Robert Ciaff

Invention: APPARATUS FOR THE DIAGNOSIS AND THERAPY OF NEURO-MUSCULAR AND OTHER TISSUE DISORDERS

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	31	- 24 =	7	x 9.00	63.00
Independent Claims	5	- 5 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					63.00

☐ Large Entity

☒ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 63.00  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080  
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

David R Burns

Dated: November 3, 2003

David R. Burns

Attorney Reg. No.: 46,590

LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400

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Dated: November 3, 2003

Signature: David R Burns (David R. Burns)

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